Certificate of Registration

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

Form VA
For a Work of the Visual Arts

VA 1-309-535

EFFECTIVE DATE OF REGISTRATION
JUNE 13 2005
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

Title of This Work ▼
Forever After

NATURE OF THIS WORK ▼ See instructions
Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared **Title of Collective Work ▼**

If published in a periodical or serial give **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2

NAME OF AUTHOR ▼
a Australian Gold, Inc

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☑ Yes ☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of USA / Domiciled in USA

Was This Author's Contribution to the Work
Anonymous? ☐ Yes ☑ No
Pseudonymous? ☐ Yes ☑ No
If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) See instructions
☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
☑ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

NOTE
Under the law the author of a "work made for hire" is generally the employer not the employee (see instructions). For any part of this work that was made for hire check Yes in the space provided give the employer (or other person for whom the work was prepared) as Author of that part and leave the space for dates of birth and death blank

Name of Author ▼
b

Dates of Birth and Death
Year Born ▼ Year Died ▼

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3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year
This information must be given in all cases

b **Date and Nation of First Publication of This Particular Work**
Complete this information ONLY if this work has been published
Month April Day 1 Year 2004
U.S.A. Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼
*Australian Gold, Inc.

See instructions before completing this space

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

DO NOT WRITE HERE OFFICE USE ONLY
APPLICATION RECEIVED JUN 13 2005 JUN 13 2005
ONE DEPOSIT RECEIVED
TWO DEPOSITS RECEIVED JUN 13 2005
FUNDS RECEIVED

MORE ON BACK ▶ Complete all applicable spaces (numbers 5 9) on the reverse side of this page
• See detailed instructions Sign the form at line 8

DO NOT WRITE HERE

EXHIBIT B

Page 1 of ______ pages

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*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY JLS

CHECKED BY

☒ CORRESPONDENCE Yes

FORM VA

FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office? **5**

☐ Yes ☑ No If your answer is Yes why is another registration being sought? (Check appropriate box) ▼

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work as shown by space 6 on this application

If your answer is Yes give Previous Registration Number ▼ Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work complete only 6b for a compilation **6**

a Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

a See instructions before completing this space

b Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

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DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account. **7**

Name ▼ Account Number ▼

a

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼

b

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

CERTIFICATION* I, the undersigned, hereby certify that I am the **8**

check only one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☑ authorized agent of Australian Gold, Inc
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼

X [signature] [signature] 6/27/05

9

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Name ▼
Amanda Pecchioni Thompson

Number/Street/Apt ▼
ICE MILLER, One American Square, Box 82001

City/State/ZIP ▼
Indianapolis, Indiana 46282-0200

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Form VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

VA 1-309-533

EFFECTIVE DATE OF REGISTRATION

JUN 13 2005

Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

Title of This Work ▼ Cheeky Brown

NATURE OF THIS WORK ▼ See instructions: Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared **Title of Collective Work** ▼

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

a Australian Gold, Inc

DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☑ Yes ☐ No

Author's Nationality or Domicile — Name of Country: OR { Citizen of USA / Domiciled in USA

Was This Author's Contribution to the Work: Anonymous? ☐ Yes ☑ No; Pseudonymous? ☐ Yes ☑ No — If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) See instructions

☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
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b **Name of Author** ▼

Dates of Birth and Death Year Born ▼ Year Died ▼

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3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year — This information must be given in all cases

b **Date and Nation of First Publication of This Particular Work** Complete this information ONLY if this work has been published — Month April Day 1 Year 2004; U S A Nation

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MORE ON BACK ▶ • Complete all applicable spaces (numbers 5 9) on the reverse side of this page. See detailed instructions. Sign the form at line 8

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EXAMINED BY ATS

FORM VA

CHECKED BY

CORRESPONDENCE Yes

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If your answer is Yes give Previous Registration Number ▼ Year of Registration ▼

6

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work complete only 6b for a compilation

a Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

a

See instructions before completing this space

b Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

b

7

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Name ▼ Account Number ▼

a

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

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Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264   Fax number (317) 592-4857

Email

8

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check only one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☑ authorized agent of Australian Gold, Inc
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Amanda Pecchioni Thompson   Date 6/10/05

Handwritten signature (X) ▼

X [signature] 6/27/05

9

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Name ▼	Amanda Pecchioni Thompson
Number/Street/Apt ▼	ICE MILLER, One American Square, Box 82001
City/State/ZIP ▼	Indianapolis, Indiana 46282-0200

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Copyright Office
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Washington D C 20559-6000

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Marybeth Peters

Register of Copyrights, United States of America

Form VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

REG

VA 1-309-530

EFFECTIVE DATE OF REGISTRATION

JUN 13 2005

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

Title of This Work ▼
Body Kisses

NATURE OF THIS WORK ▼ See instructions
Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work ▼**

If published in a periodical or serial give: **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2

NAME OF AUTHOR ▼
a Australian Gold, Inc

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☑ Yes
☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of USA
Domiciled in USA

Was This Author's Contribution to the Work
Anonymous? ☐ Yes ☑ No
Pseudonymous? ☐ Yes ☑ No
If the answer to either of these questions is "Yes," see detailed instructions.

Nature of Authorship Check appropriate box(es). **See instructions**
☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
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Name of Author ▼
b

Dates of Birth and Death
Year Born ▼ Year Died ▼

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☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of
Domiciled in

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3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year
This information must be given in all cases.

b **Date and Nation of First Publication of This Particular Work**
Complete this information ONLY if this work has been published.
Month April Day 1 Year 2004
U S A Nation

4

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*Australian Gold, Inc

See instructions before completing this space.

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

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APPLICATION RECEIVED
JUN 13 2005 June 28 2005

ONE DEPOSIT RECEIVED

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JUN 13 2005

FUNDS RECEIVED

MORE ON BACK ▶ Complete all applicable spaces (numbers 5-9) on the reverse side of this page. See detailed instructions. Sign the form at line 8.

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*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY ATS

FORM VA

CHECKED BY

CORRESPONDENCE
☒ Yes

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a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼ **a**

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Name ▼ Account Number ▼ **a**

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼ **b**

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

CERTIFICATION* I, the undersigned, hereby certify that I am the **8**

check only one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☑ authorized agent of Australian Gold, Inc
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

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Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼

X [signature] 6/27/05

9

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Amanda Pecchioni Thompson

Number/Street/Apt ▼
ICE MILLER, One American Square, Box 82001

City/State/ZIP ▼
Indianapolis, Indiana 46282-0200

YOU MUST:
• Complete all necessary spaces
• Sign your application in space 8

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1. Application form
2. Nonrefundable filing fee in check or money order payable to *Register of Copyrights*
3. Deposit material

MAIL TO:
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Certificate of Registration

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For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

VA 1-309-534

EFFECTIVE DATE OF REGISTRATION

Jun 13 2005

Month Day Year

SEAL OF THE UNITED STATES COPYRIGHT OFFICE 1870

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Title of This Work ▼

Bearly Legal

NATURE OF THIS WORK ▼ See instructions

Label artwork

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a Australian Gold, Inc

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Year Born ▼ Year Died ▼

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Name of Country
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U S A **Nation**

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Page 1 of ____ pages

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EXAMINED BY

CHECKED BY

FORM VA

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☐ author
☐ other copyright claimant
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City/State/ZIP ▼
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UNITED STATES COPYRIGHT OFFICE

REG VA 1-309-536

EFFECTIVE DATE OF REGISTRATION

JUNE 13 2005
Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

Title of This Work ▼ Unforgiven

NATURE OF THIS WORK ▼ See instructions: Label Artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared **Title of Collective Work ▼**

If published in a periodical or serial give **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2

NAME OF AUTHOR ▼

a Australian Gold, Inc

DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☑ Yes ☐ No

Author's Nationality or Domicile Name of Country
OR { Citizen of USA
Domiciled in USA

Was This Author's Contribution to the Work
Anonymous? ☐ Yes ☑ No
Pseudonymous? ☐ Yes ☑ No
If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) **See instructions**
☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
☑ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

NOTE

Under the law the "author" of a "work made for hire" is generally the employer not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates of birth and death blank

b **Name of Author ▼**

Dates of Birth and Death Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

Author's Nationality or Domicile Name of Country
OR { Citizen of
Domiciled in

Was This Author's Contribution to the Work
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No
If the answer to either of these questions is "Yes" see detailed instructions

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☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
☐ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year. This information must be given in all cases

b **Date and Nation of First Publication of This Particular Work** Complete this information ONLY if this work has been published. Month April Day 1 Year 2004 Nation U S A

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

*Australian Gold, Inc

See instructions before completing this space

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

DO NOT WRITE HERE OFFICE USE ONLY

APPLICATION RECEIVED JUN 13 2005 June 13 2005
ONE DEPOSIT RECEIVED
TWO DEPOSITS RECEIVED JUN 13 2005
FUNDS RECEIVED

MORE ON BACK ▶ Complete all applicable spaces (numbers 5-9) on the reverse side of this page. See detailed instructions. Sign the form at line 8

DO NOT WRITE HERE

*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY [handwritten initials]

FORM VA

CHECKED BY

☒ CORRESPONDENCE Yes

FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office? **5**

☐ Yes ☒ No If your answer is "Yes" why is another registration being sought? (Check appropriate box.) ▼

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work, as shown by space 6 on this application

If your answer is "Yes" give: Previous Registration Number ▼ Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation **6**

a Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

a — See instructions before completing this space

b Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

b

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account. **7**

Name ▼ Account Number ▼

a

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

b

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

CERTIFICATION* I the undersigned hereby certify that I am the **8**

check only one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☒ authorized agent of Australian Gold, Inc

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼

X [signature] A 6/27/05

9

Certificate will be mailed in window envelope to this address

Name ▼	Amanda Pecchioni Thompson
Number/Street/Apt ▼	ICE MILLER, One American Square, Box 82001
City/State/ZIP ▼	Indianapolis, Indiana 46282-0200

YOU MUST:
• Complete all necessary spaces
• Sign your application in space 8

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1 Application form
2 Nonrefundable filing fee in check or money order payable to Register of Copyrights
3 Deposit material

MAIL TO:
Library of Congress
Copyright Office
101 Independence Avenue S E
Washington D C 20559 6000

Fees are subject to change. For current fees, check the Copyright Office website at www.copyright.gov, write the Copyright Office, or call (202) 707-3000

17 U S C § 506(e). Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409 or in any written statement filed in connection with the application shall be fined not more than $2 500

Certificate of Registration

SEAL OF THE UNITED STATES COPYRIGHT OFFICE 1870

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters

Register of Copyrights, United States of America

Form VA
For a Work of the Visual Arts

VA 1-309-531

EFFECTIVE DATE OF REGISTRATION

Jun 13 2005

Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

Title of This Work ▼ Sun Dreams

NATURE OF THIS WORK ▼ See instructions: Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared **Title of Collective Work ▼**

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

a Australian Gold, Inc

DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☑ Yes ☐ No

Author's Nationality or Domicile — Name of Country: OR Citizen of U S A / Domiciled in U S A

Was This Author's Contribution to the Work: Anonymous? ☐ Yes ☑ No; Pseudonymous? ☐ Yes ☑ No. If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) See instructions

☐ 3 Dimensional sculpture ☐ Map ☐ Technical drawing
☑ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

NOTE

Under the law the author of a "work made for hire" is generally the employer not the employee (see instructions) For any part of this work that was made for hire check "Yes" in the space provided give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates of birth and death blank

Name of Author ▼

b

Dates of Birth and Death Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

Author's Nationality or Domicile — Name of Country: OR Citizen of ____ / Domiciled in ____

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☐ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year — This information must be given in all cases

b **Date and Nation of First Publication of This Particular Work** Complete this information ONLY if this work has been published. Month April Day 1 Year 2004 — U S A Nation

4

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Australian Gold, Inc

See instructions before completing this space

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DO NOT WRITE HERE — OFFICE USE ONLY

APPLICATION RECEIVED JUN 13 2005 Jun 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED JUN 13 2005

FUNDS RECEIVED

MORE ON BACK ▸ • Complete all applicable spaces (numbers 5 9) on the reverse side of this page • See detailed instructions Sign the form at line 8

DO NOT WRITE HERE

*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY AJ

CHECKED BY

FORM VA

☒ CORRESPONDENCE Yes

FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

5

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?
☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ▼
a ☐ This is the first published edition of a work previously registered in unpublished form.
b ☐ This is the first application submitted by this author as copyright claimant.
c ☐ This is a changed version of the work, as shown by space 6 on this application.
If your answer is "Yes," give: Previous Registration Number ▼ Year of Registration ▼

6

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.
a Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼ **a**

See instructions before completing this space.

b Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼ **b**

7

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼ Account Number ▼ **a**

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼ **b**

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

8

CERTIFICATION* I, the undersigned, hereby certify that I am the
check only one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☒ authorized agent of Australian Gold, Inc
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.
Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼
X [signature] [signature] 6/27/05

9

Certificate will be mailed in window envelope to this address:

Name ▼ Amanda Pecchioni Thompson
Number/Street/Apt ▼ ICE MILLER, One American Square, Box 82001
City/State/ZIP ▼ Indianapolis, Indiana 46282-0200

YOU MUST:
• Complete all necessary spaces
• Sign your application in space 8
SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material
MAIL TO:
Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000

Fees are subject to change. For current fees, check the Copyright Office website at www.copyright.gov, write the Copyright Office, or call (202) 707-3000.

*17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than $2,500.

Certificate of Registration

This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

SEAL OF THE UNITED STATES COPYRIGHT OFFICE 1870

Marybeth Peters

Register of Copyrights, United States of America

Form VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

REG

VA 1-309-529

EFFECTIVE DATE OF REGISTRATION

JUNE 13 2005

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

Title of This Work ▼
Simply Divine

NATURE OF THIS WORK ▼ See instructions
Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. **Title of Collective Work ▼**

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼
a Australian Gold, Inc

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☑ Yes
☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of USA
Domiciled in USA

Was This Author's Contribution to the Work
Anonymous? ☐ Yes ☑ No
Pseudonymous? ☐ Yes ☑ No
If the answer to either of these questions is "Yes," see detailed instructions.

Nature of Authorship Check appropriate box(es). **See instructions**
☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
☑ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

NOTE

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Name of Author ▼
b

Dates of Birth and Death
Year Born ▼ Year Died ▼

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☐ Yes
☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of
Domiciled in

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☐ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

3

a **Year in Which Creation of This Work Was Completed**
3/1/04
Year
This information must be given in all cases.

b **Date and Nation of First Publication of This Particular Work**
Complete this information ONLY if this work has been published.
Month April Day 1 Year 2004
USA Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼
"Australian Gold, Inc

See instructions before completing this space.

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

DO NOT WRITE HERE
OFFICE USE ONLY

APPLICATION RECEIVED
JUN 13 2005 June 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED
JUN 13 2005

FUNDS RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-9) on the reverse side of this page. • See detailed instructions. • Sign the form at line 8.

DO NOT WRITE HERE

*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY [handwritten initials]

CHECKED BY

☒ CORRESPONDENCE Yes

FORM VA

FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

5

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office?

☐ Yes ☑ No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼

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b ☐ This is the first application submitted by this author as copyright claimant

c. ☐ This is a changed version of the work as shown by space 6 on this application

If your answer is Yes give Previous Registration Number ▼ Year of Registration ▼

6

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b Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed. ▼

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Name ▼ Account Number ▼

a

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt/City/State/ZIP ▼ b

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

8

CERTIFICATION* I, the undersigned hereby certify that I am the

check only one ▶
- ☐ author
- ☐ other copyright claimant
- ☐ owner of exclusive right(s)
- ☑ authorized agent of Australian Gold, Inc

Name of author or other copyright claimant or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼ [signature] 6/27/05

X

9

Certificate will be mailed in window envelope to this address

Name ▼
Amanda Pecchioni Thompson

Number/Street/Apt ▼
ICE MILLER, One American Square, Box 82001

City/State/ZIP ▼
Indianapolis, Indiana 46282-0200

YOU MUST:
- Complete all necessary spaces
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SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material

MAIL TO:
Library of Congress
Copyright Office
101 Independence Avenue S E
Washington D C 20559-6000

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Marybeth Peters

Register of Copyrights, United States of America

Form VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

VA 1-309-537

EFFECTIVE DATE OF REGISTRATION

JUN 13 2005

Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

Title of This Work ▼
Pink Diamond

NATURE OF THIS WORK ▼ See instructions
Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared **Title of Collective Work ▼**

If published in a periodical or serial give **Volume ▼** **Number ▼** **Issue Date ▼** **On Pages ▼**

2

NAME OF AUTHOR ▼
a *Australian Gold, Inc

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"?
☒ Yes
☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of USA
Domiciled in USA

Was This Author's Contribution to the Work
Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No
If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) **See instructions**
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Name of Author ▼
b

Dates of Birth and Death
Year Born ▼ Year Died ▼

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☐ No

Author's Nationality or Domicile
Name of Country
OR { Citizen of
Domiciled in

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Anonymous? ☐ Yes ☐ No
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☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year
This information must be given in all cases

b **Date and Nation of First Publication of This Particular Work**
Complete this information ONLY if this work has been published
Month April Day 1 Year 2004
U.S.A. Nation

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*Australian Gold, Inc

See instructions before completing this space

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

DO NOT WRITE HERE OFFICE USE ONLY

APPLICATION RECEIVED
JUN 13 2005 JUN 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED
JUN 13 2005

FUNDS RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5 9) on the reverse side of this page
• See detailed instructions Sign the form at line 8

DO NOT WRITE HERE

Page 1 of ____ pages

*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY AJS

FORM VA

CHECKED BY

☒ CORRESPONDENCE Yes

FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

5

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work already been made in the Copyright Office?

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7

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Name ▼ Account Number ▼

a

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

b

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

8

CERTIFICATION* I the undersigned, hereby certify that I am the

check only one ▶
- ☐ author
- ☐ other copyright claimant
- ☐ owner of exclusive right(s)
- ☑ authorized agent of Australian Gold, Inc

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date

Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼

X [signature] 6/27/05

9

Certificate will be mailed in window envelope to this address

Name ▼
Amanda Pecchioni Thompson

Number/Street/Apt ▼
ICE MILLER, One American Square, Box 82001

City/State/ZIP ▼
Indianapolis, Indiana 46282-0200

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101 Independence Avenue S E
Washington D C 20559 6000

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Marybeth Peters

Register of Copyrights, United States of America

Form VA
For a Work of the Visual Arts
UNITED STATES COPYRIGHT OFFICE

REG

VA 1-309-532

EFFECTIVE DATE OF REGISTRATION

JUNE 13 2005

Month Day Year

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

1

Title of This Work ▼ Free Spirit

NATURE OF THIS WORK ▼ See instructions: Label artwork

Previous or Alternative Titles ▼

Publication as a Contribution If this work was published as a contribution to a periodical serial or collection give information about the collective work in which the contribution appeared **Title of Collective Work ▼**

If published in a periodical or serial give Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2

NAME OF AUTHOR ▼

a Australian Gold, Inc

DATES OF BIRTH AND DEATH Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☑ Yes ☐ No

Author's Nationality or Domicile Name of Country: OR { Citizen of USA / Domiciled in USA

Was This Author's Contribution to the Work Anonymous? ☐ Yes ☒ No; Pseudonymous? ☐ Yes ☒ No. If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) See instructions

☐ 3-Dimensional sculpture ☐ Map ☐ Technical drawing
☒ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

NOTE

Under the law the author of a work made for hire is generally the employer not the employee (see instructions). For any part of this work that was made for hire check Yes in the space provided give the employer (or other person for whom the work was prepared) as Author of that part and leave the space for dates of birth and death blank

Name of Author ▼

b

Dates of Birth and Death Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

Author's Nationality or Domicile Name of Country: OR { Citizen of ____ / Domiciled in ____

Was This Author's Contribution to the Work Anonymous? ☐ Yes ☐ No; Pseudonymous? ☐ Yes ☐ No. If the answer to either of these questions is "Yes" see detailed instructions

Nature of Authorship Check appropriate box(es) See instructions

☐ 3 Dimensional sculpture ☐ Map ☐ Technical drawing
☐ 2-Dimensional artwork ☐ Photograph ☐ Text
☐ Reproduction of work of art ☐ Jewelry design ☐ Architectural work

3

a **Year in Which Creation of This Work Was Completed** 3/1/04 Year. This information must be given in all cases

b **Date and Nation of First Publication of This Particular Work** Complete this information ONLY if this work has been published. Month April Day 1 Year 2004 Nation U.S.A.

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

Australian Gold, Inc.

See instructions before completing this space

Transfer If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright ▼

DO NOT WRITE HERE OFFICE USE ONLY

APPLICATION RECEIVED JUN 13 2005 JUN 13 2005

ONE DEPOSIT RECEIVED

TWO DEPOSITS RECEIVED JUN 13 2005

FUNDS RECEIVED

MORE ON BACK ▶ • Complete all applicable spaces (numbers 5 9) on the reverse side of this page. See detailed instructions. Sign the form at line 8

DO NOT WRITE HERE

Page 1 of ____ pages

*Amended by the C.O. Authority per telephone conversation with Amanda Pecchioni Thompson on 7/7/2005.

EXAMINED BY KTS

FORM VA

CHECKED BY

☒ CORRESPONDENCE Yes

FOR COPYRIGHT OFFICE USE ONLY

DO NOT WRITE ABOVE THIS LINE IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

5

PREVIOUS REGISTRATION Has registration for this work or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☑ No If your answer is "Yes" why is another registration being sought? (Check appropriate box) ▼

a ☐ This is the first published edition of a work previously registered in unpublished form

b ☐ This is the first application submitted by this author as copyright claimant

c ☐ This is a changed version of the work as shown by space 6 on this application

If your answer is "Yes" give Previous Registration Number ▼ Year of Registration ▼

6

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work complete only 6b for a compilation

a Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼

a See instructions before completing this space

b Material Added to This Work Give a brief general statement of the material that has been added to this work and in which copyright is claimed ▼

b

7

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office give name and number of Account.

Name ▼ Account Number ▼

a

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/ZIP ▼

b

Amanda Pecchioni Thompson
ICE MILLER, One American Square, Box 82001, Indianapolis, Indiana, 46282-0200

Area code and daytime telephone number (317) 236-2264 Fax number (317) 592-4857

Email

8

CERTIFICATION* I, the undersigned hereby certify that I am the

check only one ▶
☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☑ authorized agent of Australian Gold, Inc
Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Typed or printed name and date ▼ If this application gives a date of publication in space 3 do not sign and submit it before that date

Amanda Pecchioni Thompson Date 6/10/05

Handwritten signature (X) ▼

X [signature] 6/27/05

9

Certificate will be mailed in window envelope to this address:

Name ▼
Amanda Pecchioni Thompson

Number/Street/Apt ▼
ICE MILLER, One American Square, Box 82001

City/State/ZIP ▼
Indianapolis, Indiana 46282-0200

YOU MUST:
• Complete all necessary spaces
• Sign your application in space 8

SEND ALL 3 ELEMENTS IN THE SAME PACKAGE:
1 Application form
2 Nonrefundable filing fee in check or money order payable to Register of Copyrights
3 Deposit material

MAIL TO:
Library of Congress
Copyright Office
101 Independence Avenue S E
Washington D C 20559-6000

Fees are subject to change. For current fees, check the Copyright Office website at www.copyright.gov, write the Copyright Office, or call (202) 707-3000.

*17 U S C § 506(e) Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409 or in any written statement filed in connection with the application, shall be fined not more than $2 500